



SPOKANE COUNTY SHERIFF'S OFFICE TRAINING ANNOUNCEMENT

Power & Control: Workplace Violence Prevention & Dealing with Hostile Individuals

DATE: September 27th, 2012 0900-1200

LOCATION: SCSO Training Center

10319 E. Appleway

Spokane Valley, WA 99206

COST: FREE

DESCRIPTION:

This dynamic training will address the following related to workplace violence:

- Scope of the workplace violence problem
- Pre-incident indicators to workplace violence
- Prevention of violence in the workplace
- How to minimize victimization during a workplace violence incident

The attendee will learn valuable skills they can use to de-escalate hostile behavior as well as best-practice response skills when faced with the homicidal subject in the workplace.

This class is instructed by Deputy Greg Snyder, a Crime Prevention Deputy for the Spokane County Sheriff's Office/Spokane Valley Police Department.

REGISTRATION:

To register for this FREE training opportunity, please complete the attached registration form and return to Deputy John Oliphant by fax (509) 477-6975 or email, jroliphant@spokanesheriff.org.



Revised 9/10



Spokane County Sheriff's Office Training Unit

Application Form GENERAL COURSE APPLICATION					
PLEASE TYPE OR PRINT CLEARLY	′				
1. GENERAL INFORMATION					
Applicant's Name:	(Last)		(First)		(Middle)
Title/Rank: Applicant's Pe		Applicant's Pers	onnel Number:		☐ Male ☐ Female
Primary Duty Assignment:			Agency:		
Agency Phone: Agency Fax:			Applicant's Agence OR TYPE	y E-Mail Address	s: MANDATORY – PRINT
Agency Mailing Address: (3	s: (Street or PO Box)				(Zip)
IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.					
2. COURSE INFORMATION					
Course Title:			Location of Cours	e:	
Course Date(s):					
3MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION					
In determining eligibility of this applicant , the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:					
5. APPLICANT PRIORITY (MANDATORY!)	If submitting n	nore than one app 1 [se, check the price 4 5	ority of <i>THIS</i> applicant:
6. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)	@				n is sent via email, please this section is complete.
7. AUTHORIZATION					
Agency Representative Authorizing Attendance:					For SCSO Use Only
Name	Titl	le			
Signature	<u></u> Da	te			
Return completed application form to: Deputy John Oliphant, Spokane County Sheriff's Office Training Center, 10319 E. Appleway, Spokane Valley, WA 99206. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to iroliphant@spokanesheriff.org . For more information regarding the application process, please call (509) 477-3211.					

Check out more training opportunities at www.spokanecounty.org/sheriff/training.